

These are common-sense approaches to combating the nuclear threat. The gentleman from Connecticut (Mr. SHAYS) and I are committed to working together on a bipartisan basis to do whatever we can to reduce the danger of a nuclear attack on the United States, and we hope that all of our colleagues will join us in that effort.

EXPLORATION OF NEW TECHNOLOGIES TO DECREASE HEALTH CARE COSTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 5 minutes.

Mr. MURPHY. Mr. Speaker, we need to explore new technologies that will decrease health care costs and improve patient safety. Electronic medical records, also known as EMRs, are a technological solution to an antiquated paper system.

Often, patient records are scattered between multiple hospitals and doctors' offices, resulting in the likelihood that important medical records could be lost and that valuable data is unavailable to the physician when he needs it. Time is wasted trying to obtain paper medical records, especially in cases of emergency care, and patients sometimes provide incomplete medical histories which often omit or distort important data.

Tens of thousands of lives and hundreds of billions of dollars are lost every year due to medical error, and EMRs would go a long way to reducing these costs. The electronic medical record centralizes all records on a patient and can instantly communicate this information to any health care provider in a secure and confidential manner.

EMRs also have a number of other advantages. They eliminate the need for duplicate tests. They reduce the search time for medical histories and limit instances of lost files, patient recall or inaccessible files. They can instantly search for symptoms, findings, treatments, diagnoses and health care providers involved with patient care. They can reduce the need for additional staff and the expansive storage space needed to maintain paper files.

When complications occur, medical records of an electronic type can allow providers to retrace the exact steps through the process to see if a different approach was needed. They can prompt providers to pursue certain avenues of treatment based upon their diagnosis, and they can automatically generate bills and reimbursements that reduce billing errors.

Some concerns regarding electronic medical records have been raised about the cost. However, the key to implementing an electronic medical record is not to have the Federal Government pick up the whole tab.

Health information technology companies, hospitals and medical practices must share information to improve the process and recommend standards for the industry. Let me give my colleagues an example of how this is done.

This process can be expensive to implement at this stage, and the University of Pittsburgh Medical Center accomplished their EMR system via private investments that will total some \$500 million. By implementing electronic medical records, the University of Pittsburgh Medical Center has already decreased the need for repeat laboratory, radiology or other invasive and expensive tests because the data and X-rays are easily shared by authorized users.

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UPMC is ranked number one in the United States and health care industry, and number five among all industries in the use of information technology, according to Information Week 500.

We need positive examples from the business community to make the case for health information technology today and tomorrow. Examples of successful electronic medical records such as these provide the leadership necessary to ensure that health information technology becomes a reality.

The President has already shown his commitment to health information technology by committing \$125 million to the Office of the National Health Information Technology Coordinator. Now we need to work with private industry to continue to make the case for successful implementation of health information technologies.

Mr. Speaker, if Congress accomplishes one thing this year to improve health care, we should work to develop incentives for hospitals and providers to successfully implement a secure and interoperable electronic health record. This will save money; it will save lives.

As the cochairman of the 21st Century Health Care Caucus, which I co-chair with the gentleman from Rhode Island (Mr. KENNEDY), we will continue to work on a bipartisan basis to fully implement electronic medical record systems and to reach this important goal of using this as a mechanism to improve health care in America.

SMART SECURITY AND \$80 BILLION IRAQ SUPPLEMENTAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, President Bush has recently indicated that he will ask Congress to approve another supplemental appropriations bill to fund the ongoing military operations in Iraq. The number is rumored to be somewhere in the \$80 billion range; \$80 billion.

If this request for emergency funds is anything like the last three passed in the Congress, we can expect two things: one, the President will once again refuse to explain precisely where this money will be spent; and, two, congressional Republicans will meekly accede to the President's demands without asking for even the slightest degree of accountability from the White House in return.

We in Congress must do more than just rubber stamp the President's every last wish. We hold the power of the purse; and, accordingly, we must exercise our constitutional authority to hold the executive branch accountable. Up to now, the Congress has failed to hold the Bush administration accountable for the many mishaps and mistakes in Iraq; and, as a result, the Members of Congress, all 535 of us, are responsible for the nearly 1,500 American troops who have been needlessly killed in Iraq, not to mention the 11,000 Americans who have been forever wounded and the untold thousands of Iraqi civilians who have died in this war.

Before appropriating a single dollar for the Iraq war, more than we have already appropriated, Congress must demand that President Bush and Secretary Rumsfeld tell Congress exactly what they plan to do to address the growing crisis in Iraq. Demanding accountability from the Bush administration crosses over political lines because it is about more than just politics. It is about taking care of our men and women who are serving in Iraq, and it is about advancing policies that will secure America for the future.

Together, with 27 of my House colleagues, I have introduced House Concurrent Resolution 35, an Iraq withdrawal plan, that has four components. President Bush needs to address, at the very least, each of these important components before Congress provides him any further funds for Iraq.

First, the President needs to begin the process of bringing our troops home. How can we possibly ask these brave men and women, who have selflessly answered the call of duty for their country, to continue to die for an unjust, unfair, and poorly planned military failure halfway across the world? These are the troops the administration assured us would be embraced as liberators, but who continue to be the focal point of anti-American extremism, leaving them like sitting ducks.

In fact, I believe the insurgency in Iraq is fueled primarily by our military presence. Ceasing the military operations will not be sufficient to defeat the insurgency, no way, but staying will continue to intensify it, and that is for certain.

Second, President Bush needs to develop and implement a plan for Iraq's civil and economic infrastructure. The U.S. has a moral responsibility to clean